

Case Number:	CM14-0022648		
Date Assigned:	06/11/2014	Date of Injury:	04/07/2011
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old female who was reportedly injured on 4/7/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/20/2014, indicated that there were ongoing complaints of right elbow pain. The physical examination demonstrated tenderness over the lateral epicondyle and radial tunnel with no evidence of infection. Her area of maximal tenderness is over the brachioradialis muscle belly. No evidence of complex regional pain syndrome. No diagnostic imaging studies were available for review. Previous treatment included right elbow surgery, physical therapy and medications to include Flexeril, nabumetone and Dendracin lotion. A request had been made for additional hand therapy two times per week for six weeks and was not certified in the pre-authorization process on 2/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ADDITIONAL HAND THERAPY, TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434 and page 437.

Decision rationale: According to the note dated 1/20/2014, the patient's treating physician states that the patient has completed 9 out of her twelve sessions of physical therapy and her examination is unchanged. At this point, the patient is once again approaching maximum medical improvement level. Continued physical therapy should document objective evidence of functional improvement in order to justify continued care. The visit frequency should be decreased over the episode of care, with the patient performing exercises more independently, and the therapist role becoming more consultative and assisting in progression of exercise and encouraging the patient. Continuing with the treatment that has not resulted in objective improvement is not reasonable. Therefore, the request is not medically necessary.